

AUTHORITY: P. L. 107-110, NCLB Act, 2001

COMPLETION: Voluntary. (Failure to file will result in
loss of eligibility for funding.)Direct questions regarding this form to the
Office of Field Services at
(517) 373-6066.

Facsimile: (517) 335-2886

**2002-2003 TITLE III - LIMITED ENGLISH PROFICIENT GRANT PROGRAM:
Local Educational Agency Plan****--PART II: PLAN**

EDUCATIONAL AGENCY	Legal Name of School District	District Code	Telephone - Area Code/Local No.
	Address of School District	City and Zip Code	Facsimile (A.C./No.)
	Contact Person	Telephone	Email:

MAILING INSTRUCTIONS:One copy of this form **must** be mailed to the STATE address shown above.**1. DEFINITION OF LIMITED ENGLISH PROFICIENT CHILDREN in NO CHILD LEFT BEHIND:**

The term limited English proficient, when used with respect to an individual, means an individual

- (A) who is aged 3 through 21;
- (B) who is enrolled or preparing to enroll in elementary school or secondary school;
- (C) (i) who was not born in the United States or whose native language is a language other than English;
 - (ii)(a) who is a native American or Alaskan Native, or a native resident of the outlying areas; and
 - (b) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
 - (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; **AND**
- (D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual
 - (i) the ability to meet the State's proficient level of achievement on State assessments described in section 1111(b)(3);
 - (ii) the ability to successfully achieve in classrooms where the language of instruction is English; or
 - (iii) the opportunity to participate fully in society.

2. ELIGIBLE APPLICANTS:

Local school districts, public school academies, intermediate school districts and consortia of these.

3. PROGRAM PURPOSE:

The speedy acquisition of English language proficiency using any research-based instructional approach that works.

CERTIFICATION:

I certify that the information submitted in this report is accurate.

SUPERINTENDENT _____ / _____ DATE _____
(Print or Type Name) SignatureTELEPHONE _____ FAX: _____
(A.C./LOCAL NUMBER) (A.C./LOCAL NUMBER)

CERTIFICATION FOR PARTICIPATION IN A CONSORTIUM

Certification of District Designated Administrative and Fiscal Agent for Title III

Legal Name of District	District Code	Name and Title of Authorized Representative	
Mailing Address (street)		Signature	
City	Zip Code	Telephone (Area Code and Number)	Date Signed
Name and Title of Contact Person		Mailing Address	
Title III allocations for each participating district will be distributed to the authorized Fiscal Agent. Please check “Yes” for each program included in this consortium.		Title III LEP Consortium Yes ?	Title III Immigrant Consortium Yes ?

Certification of Participating District

Legal Name of District	District Code	Name of Authorized Representative	
Mailing Address (Street)		Signature	
City	Zip Code	Telephone (Area Code and Number)	Date Signed
Name and Title of Contact Person		Mailing Address	
Title III allocations for each participating district will be distributed to the authorized Fiscal Agent. Please check “Yes” for each program included in this consortium.		Title III LEP Consortium Yes ?	Title III Immigrant Consortium Yes ?

Certification of Participating District

Legal Name of District	District Code	Name of Authorized Representative	
Mailing Address (Street)		Signature	
City	Zip Code	Telephone (Area Code and Number)	Date Signed
Name and Title of Contact Person		Mailing Address	
Title III allocations for each participating district will be distributed to the authorized Fiscal Agent. Please check “Yes” for each program included in this consortium.		Title III LEP Consortium Yes ?	Title III Immigrant Consortium Yes ?

Duplicate this page as needed.

2002-03 TITLE III – LIMITED ENGLISH PROFICIENT STUDENTS

INSTRUCTIONS: Submit a separate Budget Summary (A) and Budget Detail (B) FOR EACH FISCAL YEAR’S FUNDS. The Budget Detail must designate number and type of staff.
A. BUDGET SUMMARY --- U.S. DEPARTMENT OF EDUCATION FUNDS

LEGAL NAME OF APPLICANT					
RECIPIENT CODE	GRANT NUMBER ????	PROJECT NUMBER 0 2 0 3	PROJECT TYPE <input type="checkbox"/> Regular <input type="checkbox"/> Carryover	ENDING DATE 09/30/02	FY of Approved Activity 2003

BUDGET:

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	TOTAL* (See box below)
110	Instruction – Basic Programs							
120	Instruction – Added Needs							
130	Instruction – Adult/Continuing Ed.							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
	SUBTOTALS (sum of ALL lines above)							
999	INDIRECT Charges = Approved Restricted Rate % Times (Expenses Subtotal Minus Capital Outlay Subtotal)							
400	Outgoing Transfers & Other Transactions							
	TOTAL AMOUNT REQUESTED:							

TOTAL AMOUNT REQUESTED

<u>TRANSACTION</u>	<u>AMOUNT OF CHANGE</u>
<u>PURPOSE:</u>	(Use minus sign preceding decreases)
<input type="checkbox"/> Original	\$ _____
<input type="checkbox"/> Amendment	

DATE

SIGNATURE (Business Office Representative)

DATE

SIGNATURE (Project Contact Person)

DATE

SIGNATURE (M.D.E. Consultant)

B. BUDGET DETAIL --- Must be provided

Explain each line item that appears on the Budget Summary, using the indicated function code and title, on a plain sheet



MDE certifies the application is complete and meets the program requirements set forth in statute

2002-03 TTITLE III – LIMITED ENGLISH PROFICIENT PROGRAM

Assurances and Certifications

In Title III, Section 3116 Local Plans, several requirements for the local plan of the school district or public school academy are listed in the form of assurances and certifications that must be met. Please check off each of the assurances and certifications and add any needed information below. The superintendent or administrator's signature that appears below will signify compliance with each of these items.

- ☐ In the development of the Title III plan, representatives from the following groups have been consulted: teachers, researchers, school administrators, parents and others as needed (please specify _____).
- ☐ The district or public school academy has changed its parental notification procedures to comply with the Parental Notification Requirements specified in Title III, Section 3302 of No Child Left Behind.
- ☐ The district or public school academy annually assesses the English language proficiency of all LEP students receiving Title III services as required under Section 3122-Achievement Objectives and Accountability.
- ☐ The district or public school academy used scientifically based research on teaching limited English proficient children to develop the program described in the Title III plan.
- ☐ The district or public school academy ensures that the planned Title III program will enable LEP students to speak, read, write, and comprehend the English language and to meet the same challenging state standards that all students are expected to meet.
- ☐ The district or public school academy assures that it is not in violation of any state law regarding the education of limited English proficient students.
- ☐ The school district or public school academy certifies that all teachers in any language instruction educational program for LEP students are fluent in English and in any other language used for instruction, including having written and oral communications skills.

Signature of Superintendent or Authorized Official

Date

Print or Type Name of Authorized Official

Part II - Local Educational Agency Plan

1. Please describe the programs and activities the applicant will develop, expand, implement or administer with Title III funds.

2. Each applicant will be required to measure progress toward becoming proficient in the English language. Describe the methods or procedures used to meet annual measurable achievement objectives. Minimum objectives (baseline data will be collected for the 2002-03 school year):
 - Annual increases in the number, or percentage, of students making progress in learning English;
 - Annual increases in the number, or percentage, of students attaining English proficiency by the end of each school year;
 - Making AYP for LEP students.

3. Each LEA that applies for Title III funds is responsible for the progress made by individual schools within the LEA. Describe the method that will be used to hold individual schools accountable in these three areas:

 - Meeting annual measurable achievement objectives
 - Making AYP for LEP students
 - Annual measurement of English proficiency of LEP students
4. Describe the activities/outreach for parental and community involvement in programs for LEP students.
5. Describe how the language instruction program supported by Title III funds will ensure that LEP students develop English proficiency.

Prototype Letter to Parents of LEP Students (Title I and/or Title III requirements)

There are specific requirements for school districts and public school academies with regard to the issuance of this letter. The letter must be sent no later than 30 days after the beginning of the school year. If the student is identified after the school year has begun, parental notification must be made within 2 weeks of placement into a language acquisition program. Information must be provided in an understandable and uniform format and, to the extent practicable, in a language that the parent can understand.

Description of Requirement	Sample language for letter
Why the child was identified as LEP	<p>Each year students may receive an English language proficiency assessment for one or more of the following reasons.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Language spoken at home is other than English <input type="checkbox"/> Student performs below grade level <input type="checkbox"/> Student has difficulty speaking, reading or writing English <input type="checkbox"/> Parent request <input type="checkbox"/> Teacher request
What child's English proficiency level is	<p>Our school uses _____ to assess English language proficiency. According to the results of that test, your child's level of English language proficiency is: <i>(describe according to assessment guidelines for the test used by your school)</i>.</p>
Why the child needs to be placed in program	<p>Our English language instruction program will assist your child to reach proficiency in English and achieve academic success and meet state standards.</p>
Describe method of instruction and choices parent has among methods	<p>Your child has been selected for the following type of instructional assistance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ESL classroom instruction <input type="checkbox"/> Extra tutoring in class <input type="checkbox"/> Tutoring before/after school <input type="checkbox"/> Bilingual instruction in class <input type="checkbox"/> Bilingual tutoring in class <input type="checkbox"/> Other <i>(describe)</i> <p>Our school offers a choice of instructional methods. If you want your child instructed in another method, you may choose from the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>(list all methods offered by your school)</i> <p>For a complete description of the various methods please speak to <i>(teacher or other staff member who can explain the differences among methods to parents and help parents make a selection)</i>.</p>
How program will meet child's needs	<p>Our English language instruction program is based on research that shows it will help your child increase his/her ability to speak, read, and write in English. Data from</p>

	students who have used this program in the past indicate <i>(for example: that most students will increase English skills rapidly and be able to succeed without extra tutoring in writing by the end of the school year).</i>
Program exit requirements or, for high school students, rate of graduation	<p>Your child's English language proficiency will be assessed again on mo/day/yr. When your child reaches a score of (or a level of) XXX, she/he will no longer require additional instructional support in English.</p> <p>Data from high school students using this program indicate that XX% of students who receive additional instructional support graduate from high school.</p>
Right to decline	You have the right to remove your child from this program at any time or to refuse the placement of your child in this program. To remove your child from this program, please contact <i>(name and phone number).</i>
How program meets need of student with disability	Your child has been selected to receive these additional services because of the decisions of the IEP team. <i>(State specific reasons from IEP documents.)</i>